

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2004
Secretary of State**

DOCUMENT# N93000003091

Entity Name: GAINESVILLE DOWNTOWN OWNERS AND TENANTS, INC.

Current Principal Place of Business:

101 SE 2ND PLACE
SUITE 202
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P O BOX 464
GAINESVILLE, FL 326020464

New Mailing Address:

FEI Number: 59-3191085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGURN, LINDA C
101 SE 2ND PLACE
SUITE 202
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCGURN, LINDA C
Address: 4918 SE 185 AVE
City-St-Zip: MICANOPY, FL

Title: PD () Delete
Name: SEXTON, MARK
Address: 25 SE 2ND PL
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: ROWELL, KERRY
Address: 104 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: THOMAS, K
Address: 619 S MAIN ST STE-K
City-St-Zip: GAINESVILLE, FL 32601

Title: SD () Delete
Name: DEWILD, LAUREL
Address: 302 NE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: DT (X) Delete
Name: CAIN, SARAH
Address: 114 SE 1ST STREET #11
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: MCGURN, LINDA C
Address: 4918 SE 185 AVE
City-St-Zip: MICANOPY, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. MCGURN

DT

04/23/2004

Electronic Signature of Signing Officer or Director

Date